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Bib Data Sheet

CONFIRMATION NO. 7173

<b>SERIAL NUMBER</b> 09/692,661	<b>FILING DATE</b> 10/18/2000 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2682	<b>ATTORNEY DOCKET NO.</b> 39390/CAG/B600
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**APPLICANTS**  
Jacob Rael, Los Angeles, CA;  
Ahmadreza Rofougaran, Marina Del Rey, CA;

**\*\* CONTINUING DATA \*\*\*\*\***  
THIS APPLICATION IS A CON OF 09/634,552 08/08/2000  
WHICH CLAIMS BENEFIT OF 60/160,806 10/21/1999  
AND CLAIMS BENEFIT OF 60/163,487 11/04/1999  
AND CLAIMS BENEFIT OF 60/163,398 11/04/1999  
AND CLAIMS BENEFIT OF 60/164,442 11/09/1999  
AND CLAIMS BENEFIT OF 60/164,194 11/09/1999  
AND CLAIMS BENEFIT OF 60/164,314 11/09/1999  
AND CLAIMS BENEFIT OF 60/165,234 11/11/1999  
AND CLAIMS BENEFIT OF 60/165,239 11/11/1999  
AND CLAIMS BENEFIT OF 60/165,356 11/12/1999  
AND CLAIMS BENEFIT OF 60/165,355 11/12/1999  
AND CLAIMS BENEFIT OF 60/172,348 12/16/1999  
AND CLAIMS BENEFIT OF 60/201,335 05/02/2000  
AND CLAIMS BENEFIT OF 60/201,157 05/02/2000  
AND CLAIMS BENEFIT OF 60/201,179 05/02/2000  
AND CLAIMS BENEFIT OF 60/202,997 05/10/2000 \*  
AND CLAIMS BENEFIT OF 60/201,330 05/02/2000  
(\* ) Data inconsistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* 12/08/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 48	TOTAL CLAIMS 93	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

**ADDRESS**  
23363

**TITLE**  
Adaptive radio transceiver with a wide tuning range VCO

<b>FILING FEE RECEIVED 2474</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees								
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